

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

Reset Form

## FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

### For office use only

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

DIA/State Public Defender

Name of Department or Office

Lucas Building, 4th Floor

Des Moines IA 50319-0087

Mailing Address

515-242-6158

City, State, Zip Code

Area Code &amp; Telephone No.

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Thomas G. Becker

Name

Same

Mailing Address (if different from above)

tbecker@spd.state.ia.us

City, State, Zip (if different from above)

515-281-5518

Email Address

Area Code &amp; Telephone Number (if different from above)

### DONOR OF GIFT, BEQUEST, OR GRANT:

National Institute for Trial Advocacy

Name

361 Centennial Parkway

Louisville, CO 80027

Mailing Address

City, State, Zip Code

800-225-6482

Area Code &amp; Telephone Number

Email Address (optional)

Aug. 17, 2007

\$ 2,395.00

Date of Gift, Bequest, or Grant

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Tuition for Iowa Public Defender to National Institute for Trial Advocacy Northeast Regional Trial Skills Program, Hempstead NY, August 17-23, 2007

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Thomas G. Becker, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

8-28-07